Implementing Domestic Violence Peer-Support Programs in Jail: A Starting Point

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Domestic violence (DV), or intimate partner violence (IPV), is defined by the National Domestic Violence Hotline as a “pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.” Those who choose to control their partner believe that they have a right to control, monitor, restrict, intimidate, and harass their partner. This behavior is learned and a choice; it is never the fault of the victim. Power and control can manifest in many ways, including, but not limited to, physical abuse, spiritual abuse, sexual abuse, financial abuse, technology abuse, stalking, and emotional abuse.

Domestic violence is one of the most prevalent crimes in the United States, with 1 in 4 women experiencing domestic violence during their lifetime. Domestic violence accounts for more than 20% of the violent crime that occurs each year. Domestic violence can affect any person, regardless of age, gender identity, ability status, economic status, citizenship status, race, or gender. Victims and survivors of domestic violence may present in many forms with their lived experiences and any past traumas they have experienced.
Domestic violence is even more prevalent for women who are or have been incarcerated. About 75% of women who have been or are incarcerated have experienced domestic violence. This trauma can lead to victims feeling isolated, alone, shamed, or even like they’re at fault for what has happened. In some cases, survivors start having suicidal thoughts or ideation. When domestic violence victims become criminal defendants or are incarcerated, they still need full wrap-around services, including advocacy, support, safety planning, and community resources. Domestic violence survivors face an increased risk of incarceration. In some cases, they may be arrested after using self-defense against their abusers or kidnapping their children to protect them. In other situations, their abusers may force them to commit crimes, or they may run into trouble with the law due to an addiction stemming from trauma. Some domestic violence survivors even recant reports of abuse because of threats from the abuser.

Regardless of their high rates of domestic violence victimization, women often face a lack of organized domestic violence-specific services while incarcerated. Few jails have programs in place to address women’s needs related to abuse and trauma.
Yet there is a growing body of research that suggests providing gender-specific, trauma-informed services within jails can help increase the efficacy of reentry services and aid in restoring the wellbeing of these women. Domestic violence peer-support groups, in particular, should be offered in jails. Support groups lead to survivors feeling a greater sense of belonging and higher self-esteem while experiencing less distress\(^6\). Peer-support groups are effective and appealing largely because they allow victims and survivors to share their experiences with an audience that understands. Group participants learn from each other’s stories, come to recognize their own strength and resilience, and experience growth in an environment of mutual support.

“I don’t think there are any programs in the prisons that are geared toward women who suffer from domestic violence. There needs to be a system and services in place for women that can heal from their traumatic experience of being abused. I would suggest counseling, peer support, trauma-informed therapy, emotional awareness, personal development, anger management, and life coaching to help women.” - Tanisha

The National Center for Victims of Crime, along with our panel of experts with lived experience, convened a listening session to discuss how to create domestic violence peer-support groups in jails. The experts from this working group identified five objectives to guide the development of domestic violence peer-support groups for women who are incarcerated. This is not an exhaustive list but a starting point for engagement and implementation in institutions.
“We need a lot of safe space for women to be able to share without fear of judgment, and we need mentors that have actually dealt with domestic violence themselves instead of talking to an expert who just went to school and just studied for it. Because how can you relate to me if you haven’t even gone through it yourself? We need people who can relate to us.”

- Tanisha
Principle 1: The Jail intake process should screen for whether a woman is a domestic violence survivor

The intake process for women who are incarcerated should include assessment to detect past domestic violence victimization, and jails should utilize gender-responsive assessment tools for this assessment. Examples include the Women's Risk Needs Assessment, the Service Planning Instrument for Women, and the StaticRisk and OffenderNeedsGuide-Revised. Correctional staff conducting intake must be trained in trauma-informed care. Still, women who are incarcerated may not be ready to fully disclose their histories of domestic violence victimization when they arrive at a facility. Jails, therefore, should offer continuous opportunities for women to disclose information about their past. Doing so can enhance decisions about housing assignments, services provision, and programming eligibility. Less standardized mechanisms can be used to provide additional screening of past domestic violence victimization. For example, women may disclose their histories to mental health counselors in the jails during discussion of other issues.

“Women oftentimes become victims of similar violence within jails and prisons. This can occur with an officer or an inmate, with similar dynamics as if they were not incarcerated.” - Rylinda
Principle 2: Implement comprehensive and easily accessible compensation to peer domestic violence guides for their work

It is vital that women serving as domestic violence peer guides are compensated, financially or otherwise, for their service. Women should be compensated regardless of whether they serve as peer guides during or after their incarceration. If women cannot be compensated by the jail or a partner domestic violence organization while incarcerated, hours worked as a peer guide should reduce court fines and/or restitution. Furthermore, work as a domestic violence peer guide while incarcerated, at a minimum, should constitute an internship with a partnering domestic violence program and qualify as requisite experience for a paid position with the organization upon release. Building relationships with external domestic violence organizations can also help institutions strengthen their policies around working with women who are survivors of domestic violence.

Principle 3: Supportive partnership and collaboration between peer guides and external domestic violence programs is needed

In addition to bringing domestic violence programming into jails, community-based domestic violence providers should train incarcerated victims and survivors to serve as peer guides. Community-based domestic violence programs should hire formerly incarcerated domestic violence survivors to work with domestic violence peer-support groups in jails and ensure that peer-support specialists receive just compensation. This duality of lived experience is necessary for peer guides to fully understand the traumas that have occurred before, during, and even after incarceration, and allows the guides to provide stronger and more relevant support for domestic violence victims who are incarcerated.
Principle 4: Ensure access to holistic care to treat the whole person

Domestic violence peer-support programs in jails should engage holistically with incarcerated victims and survivors. Trauma is an emotional response to an intense event that threatens or causes harm. It is often the result of an overwhelming amount of stress that exceeds one’s ability to cope with emotions involved with that experience. Educating incarcerated victims and survivors about trauma can help women realize that they are recovering from a serious stressor and learn more about their own stress responses and coping strategies, allowing them to build a sense of control over those responses. Trauma education can also minimize self-blame and build community among victims and survivors through better understanding of their shared experiences.

“Wellness classes, including meditation and yoga, should be offered to survivors.” - Tanisha
Including activity-based programming, like yoga and meditation, can help incarcerated victims and survivors establish a sense of safety, provide choice and a sense of control, address the relationship with the body and personal boundaries, encourage the use of present-mind thinking, and equip women with the skill set for ongoing self-treatment.
Principle 5: Correctional officers (CO) who transport women to and oversee domestic violence peer-support groups should be trauma-informed and trained on the dynamics of domestic violence

The majority of individuals who interface with the criminal justice system, including jails, have been exposed to traumatic events, like domestic violence. However, institutional confinement, like jail, is not intended to house victims and often does not acknowledge or recognize that individuals involved in the criminal justice system are often victims before they committed their offense. Instead, incarceration is another traumatic event. Being locked in a cell is one of the most horrific, stressful experiences a person can endure. The act of locking another human being in a cell is also traumatic to and potentially dangerous to the correctional staff. Incarcerated people and correctional staff alike are traumatized, forcing them to react to the world around them from a position of fear, making them more likely to respond with aggression. The trauma shared by staff and people who are incarcerated exists in a constant feedback loop in which no one feels safe.

“Being locked in a cell is one of the most horrific, stressful experiences a person can endure.”
Given the prevalence of preexisting victimization and ongoing trauma, especially in women who are incarcerated, jails need to embrace a trauma-informed approach and culture. A key part to creating this kind of environment is providing ongoing training to ensure that correctional officers understand the impact and prevalence of trauma and its pervasive effects on the brain and body, as well as the specific dynamics of domestic violence. Doing so can help to break the cycle of trauma for both women who are incarcerated and the staff that work with them.

“We should be purposeful about CO assignments to oversee and transport to domestic violence peer groups. The COs should be focused on empowering and supporting change. Even the sheepdog who herds sheep makes sure the sheep do not get eaten by the wolves. COs should not just equate to policing.” - Rylinda
Further, being supervised by male staff during sensitive times, particularly domestic violence peer-support group meetings, can be especially traumatic for women who have been abused by men. It is important that jails assign trauma-informed female correctional officers to transport women to and oversee domestic violence peer-support groups. The female correctional officers overseeing domestic violence peer-support groups should help to create an environment of safety, trust, choice, collaboration, and empowerment for the incarcerated victims and survivors. The correctional officers should celebrate the women’s strengths and accomplishments as part of routine interactions, use a tone of voice and pace of speaking that encourages relaxation, use postures and body proximity that convey safety and support, and utilize motivational interviewing skills.
The correctional officers should also use trauma-informed de-escalation techniques, such as maintaining an even and respectful tone, using the women’s names, and using short and encouraging phrases. When safety permits, the correctional officers overseeing the peer groups can introduce sensory boxes – boxes that contain comfort items that can be used for de-escalation and relaxation, like squishy balls, mini bean bags, or soft plastic balls. With the peer-support groups, the correctional officers should develop agreements for all group work, including expectations around emotional safety and confidentiality.\footnote{1}{Implementing Domestic Violence Peer Support Programs In Jail: A Starting Point}
Resources and Promising Programs

Before being converted from an all-female to an all-male institution, Valley State Prison for Women in California had an advocacy program that trained women in prison to become volunteer peer educators to provide education presentations about DV to different classes and groups within the prison. Peer educators were also available on an on-call basis for support if another woman needed to talk with someone about past abuse or current abuse by another person who is incarcerated. Several years after this program was established, the peer educators received support from a trained clinician with expertise in responding to trauma to help them address the ways that their own experiences were sometimes triggered when supporting other survivors.

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**Healing Trauma** is a brief intervention that consists of a 6- to 8-session trauma curriculum designed for women who have been abused or have experienced trauma. Based upon the positive finding from the women’s peer-facilitated pilot studies, the program was added to the Security Housing Unit (SHU) for women at the California Institute for Women. SHU populations are typically considered non-programmable populations due to high risk of violence.

**Convicted Women Against Abuse at the California Institution for Women** was originally formed as a support group for abuse survivors incarcerated for defending themselves.

**The House of Hope** is a program at one of Pennsylvania’s women’s facilities. It’s a residential unit and inpatient abuse program that addresses women’s histories of sexual assault and domestic violence. This 6-month program is for incarcerated women who choose to participate. Women who have committed particular offenses, like offenses against children and sex offenses, are not eligible to participate, but other outpatient services are available to them.

Conversations with the experts guiding this project echoed a vital theme: Correctional institutions must treat incarcerated survivors of domestic violence as humans and ensure that they are able to receive the services necessary to heal. It is imperative that institutions are intentional with the programs and services that they implement, and that the peers leading these programs are treated as experts because of their lived experiences. We acknowledge that it can be overwhelming to immediately implement these recommended practices. However, we encourage institutions to identify several takeaways and use those as starting points for continued growth in this area.


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